

COMMUNITY DEVELOPMENT DEPARTMENT

Building Standards Division 614-334-2557

CONTRACTORS REGISTRATION APPLICATION

This registration will expire 12/31/2021 or with expiration of Liability Insurance or State License

| Company Name: | 1 | Phone #: | | |
|--|--|------------------------|---------------------|--|
| Contact Person: | E-Mail Address: | | | |
| Company Mailing Addre | ess: | | | |
| Federal ID#: | A copy of this document will be s | ubmitted to the | Γax Department | |
| Select Type of Contract | tor/Business: (each type requires a separ | rate application | & fee.) | |
| □General Contractor □Sign Erector □Se | ☐ Fire Suppression ☐HVAC ☐ ewer |]Electrical [| Plumbing | |
| Required documentatio | on: | | | |
| *payment of \$100 per reg | gistration. | | | |
| *Proof of General Liabili Holder. | ity Insurance. Min. \$300,000 & must list | City of Hilliard a | s the Certificate | |
| *Electrical, Plumbing, H | IVAC & Fire Suppression contractors mution. (a copy of the card is acceptable). | st provide proof | of State of | |
| general provisions for the issu | es for a registration in the City of Hilliard, Ohio. Lance of registrations and permits and requiring that he will conform with the rules and regulation over registration. | ne registration of the | e Contractor listed | |
| Applicant Signature: _ | | Date: | | |
| | | | | |

Incomplete applications will be returned unprocessed. Please mail your renewal &payment by check to 3800 Municipal Way, Hilliard, OH 43026

If you would like to hand deliver your application,

we have drop box outside of our main entrance.

A confirmation of this registration will be e-mailed to the address listed above. Please keep the e-mail for your records.

If you would like to pay by credit card, please call our office to give your number over the phone, 614-876-7361 x799. Your registration application and attachment must be in our e-mail when you make this call: Registration@HilliardOhio.gov . We are no longer taking credit cards via e-mail.